MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
01	1					
02		1				
03		1				
04		1				
05		1				
06		1				
07		1				
08		1				
09		3				
10		8				
11		8				
12		1				
13		1				
14		1				
15		1				
16	1	1	1			
17		1		1		
18		1		1		
19		3		3		
20		3		3		
21		1		1		
22		1		1		
23		5		5		
24		3		3		
25		3		3		
26		5		5		
27		5		5		
28			1			
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	76		66			
TOTAL CLAIMS	81		71			

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79	1		1			
80		1		1		
81		1		1		
82		1		1		
83		1		1		
84		1		1		
85	1		1			
86		1		1		
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92	1		1			
93		1		1		
94		1				
95		1		1		
96		1		1		
97		1		1		
98		1		1		
99		1		1		
100		1				
TOTAL IND.			5			
TOTAL DEP.			66			
TOTAL CLAIMS			71			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS